## COMBINED DECLARATION AND POWER OF ATTORNEY

As the below named inventor, I hereby declare that:

FAX: 886-2-2369 7233

My residence, post office address and citizenship are as stated below next to my name and that I believe I am an original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled

## METHOD OF FABRICATING DEEP TRENCH CAPACITOR

the specification of wh	ICN				
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was filed on					
as Application Se	erial No	and was amended on		<del></del>	
specification, including I acknowledge the application in accordant I hereby claim for application(s) for pate	the claims, as amended ne duty to disclose informace with Title 37, Code of reign priority benefits und ent or inventor's certification patent or inventor's certification	nd understand the content of by any amendment referred frmation which is material to of Federal Regulations, § 1. der Title 35, United States Co ate listed below and have ficate having a filing date be	d to above. the patent 56(a). code, § 119 also identifi	ability of this of any foreigr ed below any	
Number	Country	Date Filed(yyyy/mm/dd)	Yes	No	
92127382	Taiwan, R.O.C.	2003/10/3	Х		
		0)			
SEND CORRESPONDENCE TO:			DIRECT TELEPHONE CALLS TO: (Name and telephone number)		
			la Lee		

## COMBINED DECLARATION AND POWER OF ATTORNEY CONTINUED

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patents issued thereon.

Signature: 54-Chen Lai	Date:	to November	13th	20-53
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